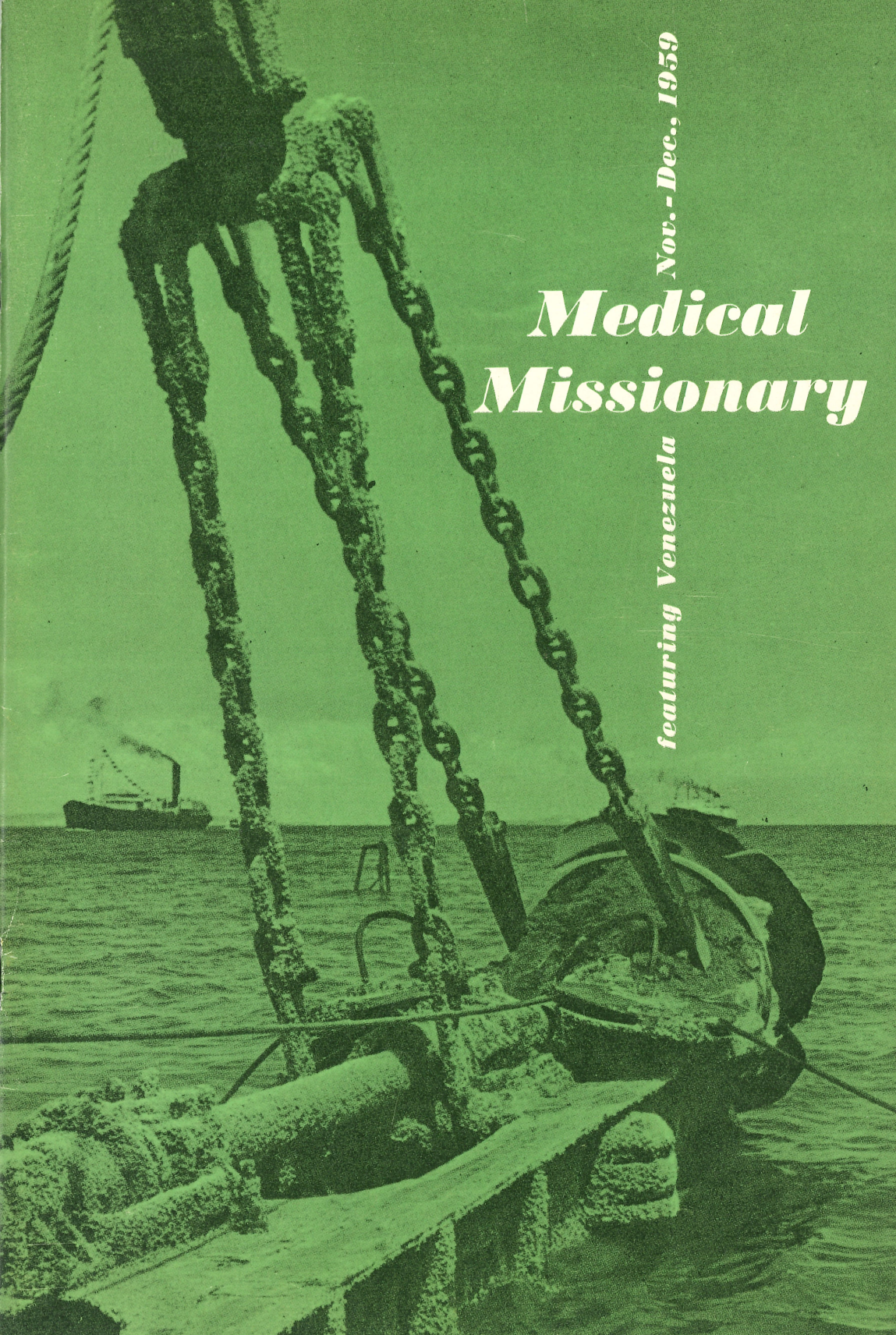

Medical Missionary

featuring Venezuela

Nov.-Dec., 1959

Published by the
MEDICAL MISSION SISTERS
Society of Catholic Medical Missionaries, Inc.
PHILADELPHIA 11, PA.

VOL. XXXIII, No. 6 November-December, 1959

Editor: Sr. M. Angelica; *Business*: Sr. M. Cabrini
Art Editor: Sr. M. Lawrence, S.C.M.M.

the medical missionary

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The Medical Mission Sisters, founded in 1925, by Mother Anna Dengel, M.D., are a religious congregation, dedicated to the care of the sick in the missions. The Sisters staff hospitals in India, Africa, Pakistan, Indonesia and South America. American Provincialate: 8400 Pine Rd., Philadelphia 11, Pa.

THE MEDICAL MISSIONARY IS PUBLISHED BI-MONTHLY WITH ECC. APPROBATION BY THE SOC. OF CATH. MEDICAL MISSIONARIES. SUBSCRIPTIONS, $2.00 PER YR.; 2 YRS. $3.00; 5 YRS. $6.00. SECOND CLASS POSTAGE PAID AT PHILADELPHIA, PA.

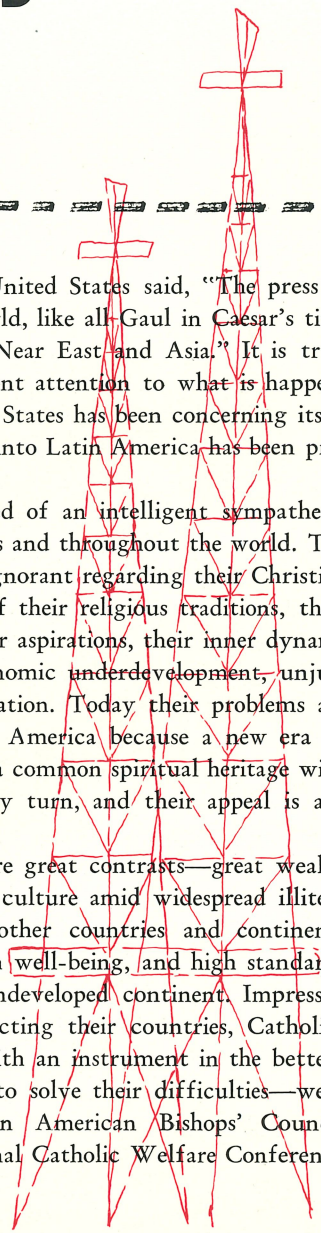
Photo Credits and Art

Cover and p. 188—Standard Oil. p. 182—Pierre Pittet. p. 184 (left) and p. 185 (top and bottom) — The Lamp. p. 189 and 190 — Lucy Millowitsch. pp. 200, 201 — Greer Cavagnaro. Inside back cover—C. Madden.

Latin America

AT THE THRESHOLD

editorial



A former Brazilian Ambassador to the United States said, "The press in the United States seems to feel that all the world, like all Gaul in Caesar's time is still divided into three parts—Europe, the Near East and Asia." It is true, that we of the United States normally pay scant attention to what is happening South of the border. Yet, while the United States has been concerning itself with Europe and Asia, Communist infiltration into Latin America has been proceeding at an accelerated pace.

Latin Americans today are in urgent need of an intelligent sympathetic understanding by Catholics in the United States and throughout the world. Too many United States Catholics are lamentably ignorant regarding their Christian neighbors to the South. They know nothing of their religious traditions, their Catholic culture, their struggles to keep it, their aspirations, their inner dynamism which has lasted through centuries of economic underdevelopment, unjust social conditions and lately Communist infiltration. Today their problems are of specific interest to the Catholics of North America because a new era of cooperation is about to begin. To us, who have a common spiritual heritage with them in one God, one Faith, one Baptism they turn, and their appeal is addressed through the Holy Father himself.

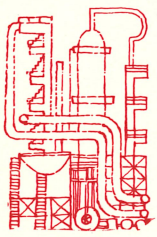
In these 20 nations to the South of us, are great contrasts—great wealth along side of abject poverty; the most refined culture amid widespread illiteracy, tropical heat and icy cold . . . White other countries and continents come to them for raw materials that give them well-being, and high standards of living, Latin American itself remains an undeveloped continent. Impressed by the vast religious and social problems afflicting their countries, Catholics of Latin America are striving to make their Faith an instrument in the betterment of their temporal affairs. Their efforts to solve their difficulties—were climaxed by the establishment of the Latin American Bishops' Council (CELAM), set up on the pattern of the National Catholic Welfare Conference in the United States.

CELAM was called into being at the International Eucharistic Congress in Rio de Janeiro in 1955, and formally established in 1956, under the direct encouragement and guidance of the Holy See.

The Holy See's Consistorial Congregation which has charge of the government of dioceses, has spelled out some of its functions as follows: To study the problems of common interest to the Church in Latin America with the aim of seeking their proper solution; to promote and sustain those tasks especially entrusted to it by the Holy See. The Congregation declared: "the existence of CELAM is the fulfillment of the wishes of the Holy Father, as well as the desire of the Latin American Bishops to achieve a beneficial increase of Catholic activities in the various fields of the apostolate based on an organized and fruitful unity of efforts and aims." A few months later His Holiness John XXIII issued a new and pressing appeal for priest volunteers for Latin America. Addressing Himself to every Catholic nation that can help he said: "They should know that whatever they do in this respect will be of particular pleasure to us."

This Fall a big step forward will be made when a group of Bishops from Latin America (CELAM) are scheduled to meet with a committee of United States and Canadian Bishops in Washington, D.C., to review common problems and plan joint activities to further the cause of the Church in this hemisphere.

What are some of the problems facing the Latin American Bishops? Latin America's drastic shortage of priests and vocations has been labeled by the bishops and the Holy See as the Continent's number one religious problem. One-third of all the Catholics in the world live in Latin America, yet it has only one-tenth of its priests. The area's 170 million faithful are served at present by fewer than 36,000 priests. Even if every priest in the United States were sent to Latin America, the Church would still have only half the number needed. The average parish in Latin America is larger than a diocese here and embraces about 14,000 to 20,000 Catholics. The dearth of native vocations stems from complicated economic, social and cultural problems. There are 10,000 towns which have no church or resident priest. Even, more than the scarcity of the priests is the heroism of the clergy, who have to care for so many people, often troubled by appalling economic and social problems in such vast areas—many are ill, many die young. The poverty of the people is such that there are few self-sustaining parishes in Latin America.



A report issued by the Latin American Bishops' Council last summer estimated that the number of practicing Catholics among their people is only 3½ per cent for men, and only 9½ per cent of the women. Of the 98 per cent of the people who receive Baptism, little more than one-half make their First Communion and more than one-half die without the Last Sacraments. The rest are merely nominal or traditional Catholics.

The religious situation is closely tied up with the literary and educational programs. There is an estimated 40% of illiteracy in Latin America and it is a problem aggravated by a shortage of teachers and schools. One of the principal reasons why the peasant leaves the country is his desire for an education for

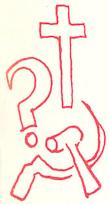
his children and also for a better standard of living. Since the rural population predominates in 17 out of the 20 Latin American countries, this movement towards the cities has caused serious economic and social handicaps both in the country and towns.

Added to the shortage of priests, the lack of solid and religious training has turned many parts of Latin America towards the deleterious influence of anti-Catholic agencies, such as Masonry. Lest it offend the religious sentiment of the people, it has paid external respect to their religion, but has succeeded in tainting family life and education with the spirit of laicism, thus starting centers of spiritism in nearly all the Latin American Republics.

Already in 1955 the General Council of Latin American Bishops called attention to the threat of Communism. The poor status of workers, especially rural laborers—(about two-thirds of the population) unequal distribution of property, poor economic, health, and social conditions in certain sections, a lack of solid formation of students of higher education, laicism, these are factors that leave openings for Marxist propaganda. Communists offer economic aid, exploiting the discontent that prevails in some countries as the outcome of economic policies of the United States.

That Communism has not made greater headway in Latin America in spite of social injustice there, is due to the basically Christian outlook of these people and their individualistic tenets. Catholics themselves through Christian democratic parties are realistically striving to solve such urgent problems as ignorance, disintegrating family life, poverty, lack of housing, etc. Where this is in force, Communism has little chance of success.

Bishop Mauel Larrain of Tacla, Chile, who is first Vice President of the Bishops' Council of Latin America has issued the following warning: "Latin America is on the threshold of imminent and radical reforms. Shocking social inequalities, the existence of immense proletarian and sub-proletarian masses living in inhuman conditions, the monopoly of land-ownership . . . and the general lack of social awareness on the part of well-to-do-Catholics—all show how urgent it is to take a definite stand in this regard. With us or without us, social reform is going to take place; in the latter event, it will take place against us."



Just how far the Communists have penetrated can be judged by the fact that recently they have sent 8,000 native students from South American countries behind the Iron Curtain for intensive training as the vanguard of the Soviet take-over. Are there not 8,000 zealous United States Catholics who will volunteer to take their places as missionary Priests, Sisters, and Brothers to work for Christ's Reign in South America?

Which way will South America go?

"If the Church in South America is to survive and flourish as a decisive Christian influence . . . ," says Dr. James Magner, "its future destiny as a sphere of world influence depends upon those who today recognize its importance and join in its development. If South America is lost to the Church, Catholics will have only themselves to blame."

Oil for international friendship

Sister M. Juanita

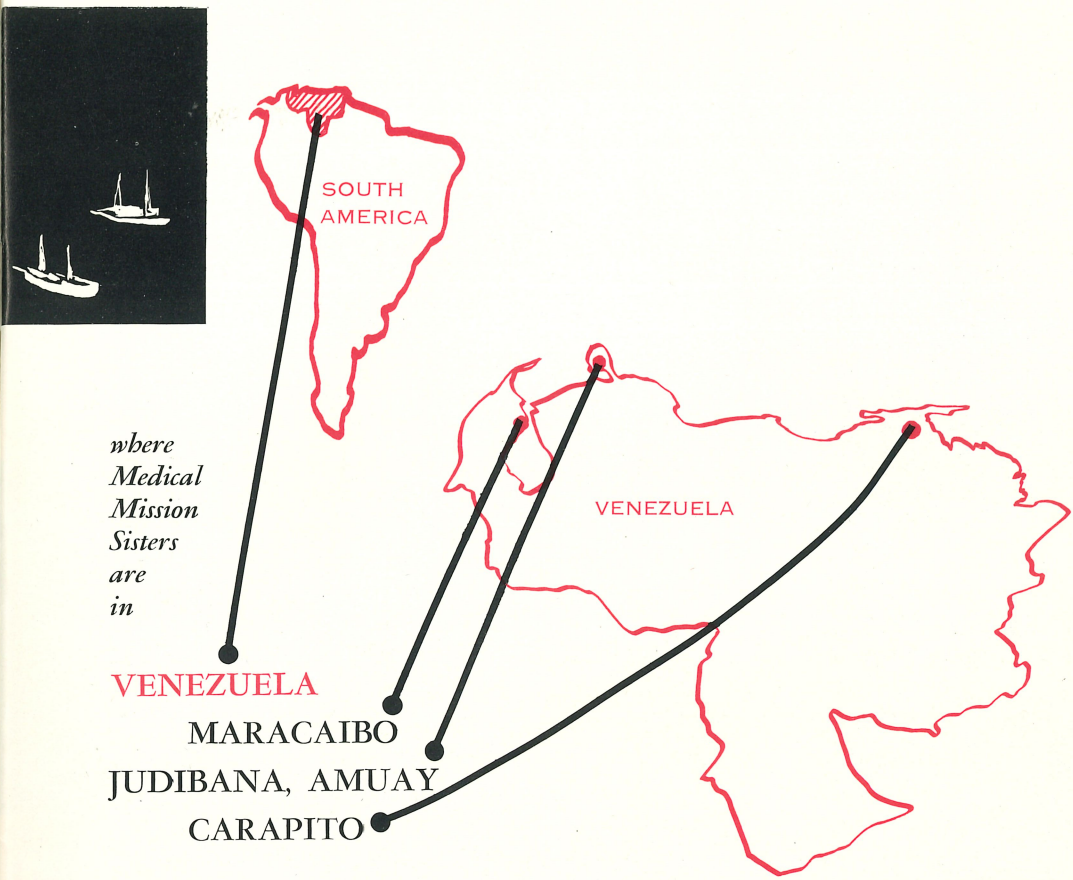
Since a channel has been dredged into Lake Maracaibo, large steamers, oil tankers and many other large vessels crowd the harbor and the docks of Maracaibo. All the different colored flags flying remind one of a United Nations' meeting. Venezuela is a first among the nations of the world in the export of oil and second only to the United States in oil production. Many merchant vessels knock at her door, either bringing her needed supplies for the expansion of pipelines and production, or to transport crude oil to various parts of the globe.

Manning each of these large vessels there may be up to a hundred men. Illness and accidents are no more uncommon on the sea than on land, so they often come to Our Lady of Coromoto Hospital for care. A Greek seaman came to the Emergency Room one evening. He spoke very little English and no Spanish. I was trying to help him explain the trouble to the doctor. When I asked him where the pain was, pointing to various areas, he responded, "It's on the port side and the starboard!"

Another seaman, a Syrian, spent his time off, fishing. However, he wasn't so fortunate in Maracaibo, as the only thing he caught that time was the fishhook in his hand. Doctor removed it and gave him his tetanus immunizations. He was able to return to his ship . . . but no more fishing for a while!

Recently when two oil tankers collided in the middle of Lake Maracaibo, nine seaman and the Captain were burned as a result of the explosion caused by the collision. A doctor and a nurse from the hospital went to the ship to give First-Aid, while all the ambulances in Maracaibo were alerted to meet the patients at the wharf as the launches brought them in. Their cooperation was magnificent. Within two hours all were settled comfortably under clean white sheets.

Among the seafarers we have cared for there have been Americans, Canadian, Dutch, Danish, Norwegian, German, Italian, Greek, Syrian, Portuguese, Hawaiian, Korean and Japanese. One of the Japanese mariners stayed in the hospital for several weeks. He could speak only a few words of English and we could speak no Japanese. It was rather a lonely time for him. However, we saw to it that he got the rice and tea that were so familiar to him and some *National Geographics* with plenty of pictures to while away the time. When he was discharged, he left a little note of thanks. The last line read, "Now I know what it mean 'love your neighbor'." Surely "love" is internationally understood!



where Medical Mission Sisters are in

VENEZUELA

MARACAIBO

JUDIBANA, AMUAY

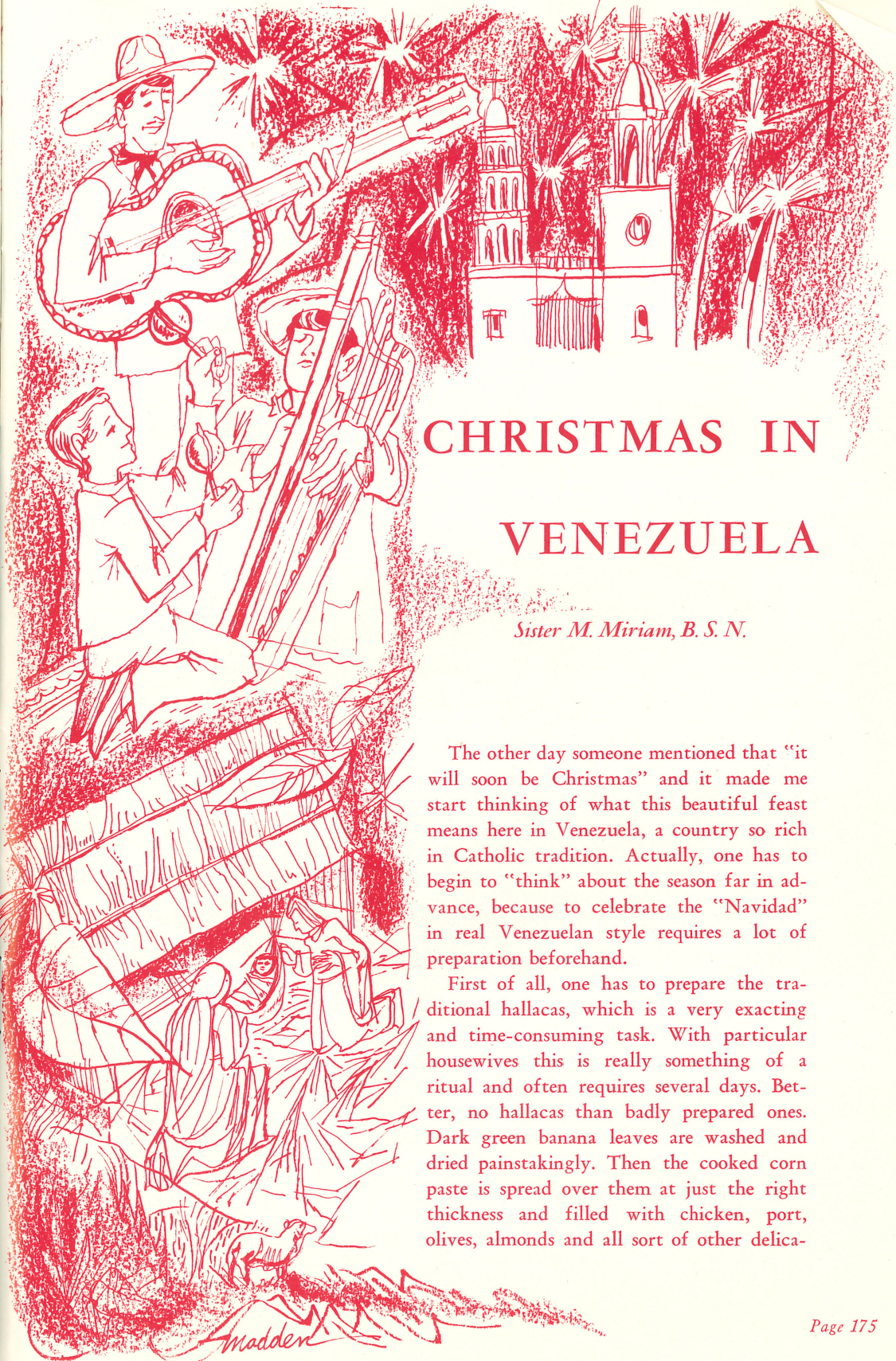
CARAPITO

Our Lady of Coromoto Hospital, Maracaibo, Venezuela, for Creole oil workers and people of the surrounding area.

- *Sister M. Samuel, R.M.T. takes sample of blood from an oil worker's finger.*

- *Medical Staff Meeting, Our Lady of Coromoto Hospital, Maracaibo.*

- *Sr. de Sales, dietition, says preparation of food varies, as does the nationality of our patients. Arepas are done Venezuelan style, spaghetti, a la Italian.*



CHRISTMAS IN VENEZUELA

Sister M. Miriam, B. S. N.

The other day someone mentioned that "it will soon be Christmas" and it made me start thinking of what this beautiful feast means here in Venezuela, a country so rich in Catholic tradition. Actually, one has to begin to "think" about the season far in advance, because to celebrate the "Navidad" in real Venezuelan style requires a lot of preparation beforehand.

First of all, one has to prepare the traditional hallacas, which is a very exacting and time-consuming task. With particular housewives this is really something of a ritual and often requires several days. Better, no hallacas than badly prepared ones. Dark green banana leaves are washed and dried painstakingly. Then the cooked corn paste is spread over them at just the right thickness and filled with chicken, port, olives, almonds and all sort of other delica-

cies according to the cook's taste. Then the banana leaves are folded carefully and tied into a neat little package. The finished hallaca looks just like a little Christmas gift, ready to be popped into boiling water and served to all guests during the Christmas season.

The "Aguinaldo Masses" begin on the 16th of December and continue for the nine days prior to Christmas. Everyone, except the very lazy and infirm, goes to these Masses — and the only reason these two groups don't attend is because they can't manage to get out of bed on time! The Masses begin traditionally at 4:00 a.m. and are always preceded by the ringing of church bells and fireworks in the Church Plaza. (By this time, the lazy ones are thinking they might as well have gotten up!) Throughout the Masses, the choir sings the lovely, catchy "aguinaldos" or pre-Christmas carols, to the accompaniment of the chas-chas of the maracas. Sometimes there are other instruments to add to the gaiety and put one into the real spirit of the "expectation" of the Nino Jesus. Once in awhile, one still sees people going to the Aguinaldo Masses on roller skates. They say that in certain parts of the country it is a real tradition to skate to church during the Novena, but Maracaibo seems to have lost the custom and only the very young venture forth on skates. One returns home from Mass just as the sun is rising, humming "Venid" (come) and all ready for a breakfast of hot, sweet coffee and steaming *arepas*.

Right after breakfast, one has to get to work at arranging the Crib or "Pesebre" because this also is a real "project" and takes days and even weeks to get it just right. The *Pesebre* is *the* Christmas decoration in all homes in Venezuela and occupies a major part of the *sala* or parlor. Some of the Cribs are real works of art! others are more simple; all, however, are works of love and each is beautiful in its own way. Just as families in the States accumulate ornaments and decorations for their Christmas trees, so the Venezuelan family gathers, over the years, a multitude of figures and other items for its crib. I just love these cribs with everything and anything in them because they are so "homey" and one can just see with what care and devotion they have been treasured and assembled. Every year, we put up a crib in each department of the hospital, a total of about fourteen in all. In only eight years, we have a most interesting assortment of figures and props, including a complete "zoo" of animals, Snow White and the Seven Dwarfs, ducks with bobbing heads, and live gold fish! Last year, the prize winning crib had the Baby Jesus in a hammock, and it was really lovely.

Our traditional Christmas tree is beautiful, but it takes second place here —and we hope it continues to do so because the cribs are so much more in the spirit of the season and of the country.

Even after the crib is all set up, one still has much to prepare. There are gifts to be wrapped and left around the crib, since custom has it that they are brought by the Baby Jesus. San Nicolas (St. Nicholas) is known here, but is an "import" and not commonly accepted as the gift-giver. In times past, the children believed that the Three Kings brought the presents and so they faithfully left straw in their shoes for the camels. A black smudge made by mamá on the child's face, showed he had been visited and kissed by the Black King. Even now, many families still exchange

gifts on the sixth of January, each person receiving three packages, or one from each King.

By Christmas Eve, everything is prepared and the family gathers to attend Midnight Mass together. Here this Mass is called the *Misa del Gallo or Mass* of the Cock, and is celebrated with the greatest festivity. Usually it is a High Mass, but with villancicos or carols interspersed. Traditionally, the Baby Jesus is not put into the crib until midnight of Christmas Eve, when He is brought into the church in solemn procession while all present sing the Te Deum (probably a hold-over from the days when Matins were sung before Mass). In some places, He is only put in the crib after the Consecration of the Mass. After the Mass, all the faithful go to the communion rail for the "beso" (kiss) of the image of the new-born Savior, and leave their Christmas gift of money for Him at the altar rail.

Then all go home together,

The Christmas play. The nursing staff and employees join with the Sisters in celebrating the great feasts of the church in their own traditional way.

where they enjoy a real family feast of hallacas, ham or turkey, salad, dulce de lechoza, and wine. The first requirement for the *cena de la nochebuena* (supper of the good night) is that all be as fine as possible and so the best of everything is brought out for the occasion.

Christmas Day, itself, is a nice quiet day spent with the family or visiting friends. By custom, one should call on all ones friends and relatives during the Christmas season to wish them well and to admire their crib—and, incidentally, to see who makes the best hallacas!

In the Andes Mountains, they have an interesting custom that is called the "Robo del Nino" or the "Stealing of the Infant." The people visit the homes of their friends on the sixth of January and try to "steal" the Infant from the crib. Anyone whose Infant is "stolen" has to give a party for all his friends in order to get Him back!

The 28th of December is the Feast of Holy Innocents and celebrated by the Church with purple vestments. However, in Venezuela, it also has a much lighter side because the word "inocente" besides meaning "innocent" in Spanish, also has a conotation of "simple or easily duped." So, the popular way of observing the "Dia de los Inocentes" is to play jokes similar to our April Fool jokes. One really has to be on guard because the Venezuelans love a joke and are quick to think them up. One year I got a call saying that the Bishop had just been brought into the emergency room. I went flying downstairs expecting to find His Excellency breathing his last—only to be met by a lot of grinning employees and the shout "inocente!" Now, however, we're getting wise to things—and we walk to all emergencies on this day so as not to look quite so foolish. We still never know whether it's a trick or the truth.

And so, you can see why we all enjoy Christmas in Venezuela so much and find it to be one of the most beautiful and busy seasons of the year. There is only one thing to which we North Americans never become too accustomed to, and that is the "hot" weather at Christmas time. So to make ourselves feel better about the whole thing, we have an unwritten law that no one will turn on the fans in the Chapel on Christmas Eve. Drip we may, but psychologically we "feel" more like Christmas.

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Sister M. Stephen, R. N.

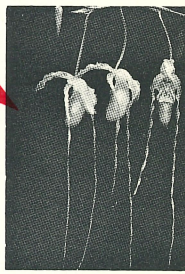
LAMPS OF LOVE

Located in the mountainous State of Monagas in Eastern Venezuela, approximately two hours by plane from Caracas the nation's capital, Sagrada Familia Hospital (Holy Family) is in an area dotted with mango, banana, and mahogany trees. In this tropical area many of the 300 varieties of wild orchids, known to Venezuela, grow in profusion.

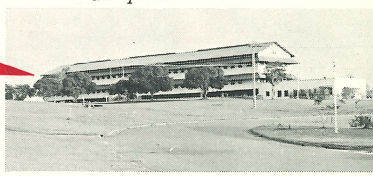
Sagrada Familia Hospital (Holy Family) is the second hospital to be opened in Venezuela by the Medical Mission Sisters, and is just about ten minutes drive outside of the actual village of Caripito. It is not isolated, however, because it overlooks five large "oil camps" or groups of houses where the oil workers and their families live. Looking out on one side, we can see the huge refinery with its gigantic installations and tanks. About 2500 people are employed in this refinery by the Creole Petroleum Company.

At night everything is lit up making the area look like a downtown section of New York—especially at Christmas time. Oil flares, tall, thin pipes rise into the air about seven feet high, continually shooting forth a huge flame. This is the gas which is given off in the refining of the oil. Much of this gas is used for household use in the area, but as it is not economically available to all, the rest is burned.

In the hospital, which has a capacity of 100 beds, the greatest part of the work is industrial infirmities and accidents from the oil refinery. (We also care for many maternity cases.)



Sagrada Familia Hospital, Caripito.



Sister M. Stephen, R.N. in nursery, Caripito, Venezuela

We take care of patients from Quiriquiri, Maturin, Jusepin, Temblador, and Pedernales. The latter two oil camps are about three hours drive from Caripito. Many of our patients are mariners, as the oil tankers come up the San Juan River to load oil from the refinery—a trip of six hours from the mouth of the river.

Sagrada Familia is specially dedicated to care for the whole family, and its doors are open for all—the poor, middleclass, and rich alike—whoever needs care. There is no other hospital for miles around, so one sees much good to be done in the spiritual and medical fields.

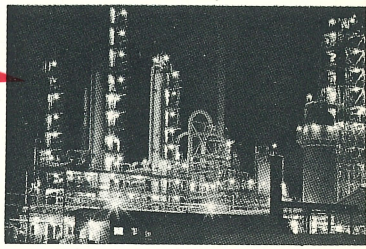
We have one lovely little girl in now, Maria, who is going home tomorrow. When I first saw her she was sitting cross-legged in her bed, with a huge abdomen that I expected to split open, from the pressure, at any moment. She had all the wisdom that comes from suffering written on her face. She has eye lashes that actually tangle, but her eyes were so sad that they would bring tears to my own. She had cirrhosis of the liver with ascites, and they suspected that she had tuberculosis. I certainly didn't expect that she would ever live and began to make plans for her First Holy Communion. Then one day, she began to be better. Her abdomen didn't need to be tapped any more and almost while you were watching her it returned to normal size. Good medical care? Most assuredly she had that . . . but also love and sympathy which Venezuelans appreciate more than anything.

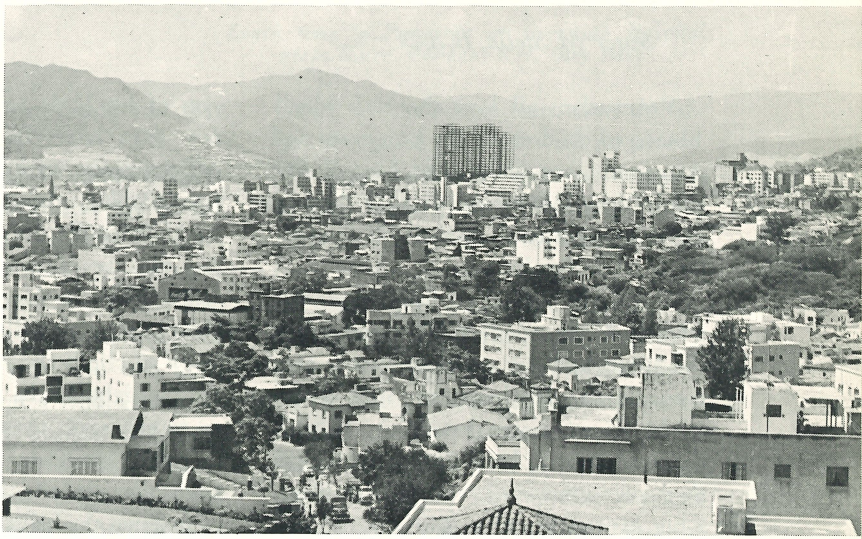
A couple of Sundays ago we drove out to Caripe, about a three hour drive from here, to see *La Cueva de los Guacharos*. This cave is very famous in this part of the country because several men have tried walking through it, and never reached the end of it. Some walked for 16 hours. We walked for an hour and a half, and then turned back. All in all, we enjoyed our adventure, but were not so *white* when we came out.

The drive back from Caripe was most interesting. It was through the mountains most of the way, and we could see how the people live there in the jungle, far from civilization. Their homes are made out of bamboo fitted together, the cracks filled in with mud, and plastered with mud. These homes are very practical, and we were told that after 50 years the bamboo is still intact, also the houses are cool. They consisted usually of one or two rooms, with a third, two sides open. The cook-

ing and most of the daily living is done, in this room, because of sufficient light and air. They sleep in hammocks, or *chinchorros* as they are called. They do not have the variety of fruits and vegetables as people do in the high mountains, because they cannot grow them here, so on the whole their diet is very poor. This little view of the people, living in their own surroundings, has helped us to understand them better when they come to the hospital seeking our help. We saw no church for miles—which reminds me—that Caripito is in one of South America's areas most lacking in priests. Our chapel is the parish church for many who come from the surrounding areas. We have two or three Masses every Sunday, so they can get in. Pray for us that we may keep the Lamps of Charity burning brightly in this oil region of Venezuela and that our presence here will bring many spiritual and medical benefits to our people.

Home in mountain village.



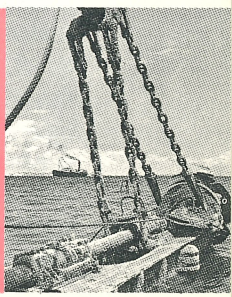


Caracas, modern Capital city of Venezuela, has a population over 1,000,000. Maracaibo is next with 500,000 population.

EDITOR'S NOTE: In this issue of the *Medical Missionary Magazine* we have touched upon only the three areas (in a brief way) where our Sisters are working in Venezuela. There are other areas of the population in cities and towns that have not been touched upon.

OUR COVER

To the world Markets. Maracaibo Harbor and port. Maracaibo is one of the oil centers of the world.



SWEET FIRE-BRANDS

Sister M. Stella, B. S. N.

Venezuelans all love the little blond blue-eyed children of the Europeans and Americans, but you would have a difficult time convincing *us* that there is anything sweeter than their black-eyed, lively little fire brands.

There was Janexie, a little nephritic, who made the wonderful discovery that the Sisters had ears under their veils and thenceforth delighted to use them, sticky fingers notwithstanding, to pull the Sister over to look into his eyes until they were cross-eyed, and then to plant a big kiss on her nose. But the all time favorites were Henry and Maria Elena.

Henry came first, a little four year old. The first few days he sat on the alcove near the nurses desk, hugged his big tummy and contemplated the uncomfortable sensation the worms caused in his insides. With enough treatment to subdue his inhabitants, Henry began to take over the hospital. With the admission of his little sister, Maria Elena, a few days later, his happiness and his self-assurance were complete and there was nothing that the pair of them couldn't handle. Ice cart, supply wagon, diet cart, ward carriage, anything that rolled up to the door of the ward found Henry and Maria Elena with their gang ready to climb aboard.

One night at the end of Holy Hour, we announced over the loud speaker that there would be Benediction and invited the patients to come. Presently from down the hall came the little splat-splat sound that is made by the native sandal and when we turned around to look, there were about ten little boys and girls, with all the grime and dirt of the pre-bedtime play-period on their faces and shortie pajamas. I went out to pin handkerchiefs on to pigtailed heads and as I scooped up Henry he turned to the "gang" and announced with a

Lunch time in Pediatrics at Coromoto Hospital keeps Sister Mariana, R.N. very busy.

note of Triumph, "See I told you that there was Mass."

While I was trying to re-route Maria Elena's hankie to the elusive top of her head, Sister Marina rescued Henry's hand just as he was about to see what would happen if he put it into the fan. When Father began to put incense into the Thurible, Henry turned two huge eyes up to me and in a loud, but completely awe-stricken whisper said, "*caliente Hermana!!*" (It's hot, Sister.) Then as gulping noises began from the Sisters behind, he turned around and put out his tongue, aiming a special one at Sister Marina for having interfered with his chopping off his arm.

One day Maria Elena came running in from the porch shrieking in terror, climbed up me as though I were a step-ladder, and buried her head in the angle between my neck and shoulder and there she stayed sobbing. "*El viejo, el viejo*", — the boogie-man, even the offer of a piece of candy had no effect. We began taking all sorts of measures to keep Maria Elena from seeing Father (A capuchin priest with beard) as he came in for his daily visit.

Finally the inevitable happened — Father was hospitalized and we had a patient that had to be baptized in a hurry. I sent Maria Elena to the porch to ride the red horse, instructed the nurses that Father was to be kept away from the porch, and at that moment got called away. I returned just as Father was making his way to the porch. I made a flying dash, in time to watch my poor frightened little one, walk up to Father with her little hands folded and with her most angelic smile say, "*Benedicien, Padre*", ("May I have your blessing, Father.")

Needless to say she never tried the boogie-man game again.

REPORT FROM JUDIBANA

Sister Joseph Marie, C. R. N. A.

Inauguration Day — Sagrada Familia Hospital (Holy Family Hospital) Judibana, Venz. The Governor of the State of Falcon, Dr. Pedro Luis Bracho Navarette, cuts ribbon and officially opens the hospital. (left) Sr. M. Victoria, Superior of Hospital, (right) Hugh De Wynne. Sup't of Amuay Refinery made the presentation.

MAY 31 1959 At High Noon today, we (Sisters Victoria, Jeanne, Benedicta, and myself), set off from our Hospital in Maracaibo, in *their* station wagon—destination—to take over the new hospital in Judibana—Amuay Bay area, Venezuela. We really *felt* like pioneers, we were so loaded down with suitcases and boxes. The trip took over seven hours, as the road was not paved all the way, and we spent a good portion of the trip accompanied by showers. We arrived in Amuay about 7:30 p.m. and what a welcome we received! We found a whole committee to welcome us—several American women, doctors, nurses, and a delicious meal prepared by the men from the Creole guest house. We even had a very gracious visit from our new bishop, Msgr. Sturriza, Bishop of Coro Diocese, who was here in Judibana for Confirmation.

JUNE 1 1959 Amuay Bay is the name of the location of the big refinery here, built by Creole Petroleum Company some years ago; it is one of the most modern and fourth largest in the world. Judibana is the residential part of the refinery. The name "Judibana" is an Indian word meaning "a windy place" and it is well chosen. It sounds as if there is a gale blowing continuously and the winds go as much as 60 m.p.h. with an average of about 35-40. You can see our veils flying! We are very grateful for the winds as it is very hot when they stop for a few minutes. They blow for ten months of the year, with two months of quiet—and heat.

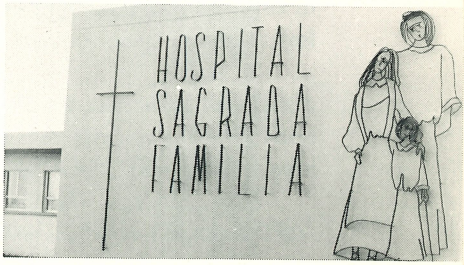
JUNE 3 1959 The hospital will be called *Hospital Sagrada Familia* the same as our hospital in Caripito and most of the Society's hospitals. It has 32 beds to start with but it is complete in every detail possible. The colors are bright like everything else in this lovely new town. Like all good constructions, there were inevitable "slips"—a faucet appeared in the middle of a marble top chemistry table, a good foot away from the sink; a sacristy closet 4′ x 6′, Sister Benedicta being sacristan! All has been remedied though, now.

JUNE 14 1959 Today we went to see more of this interesting town. It was built in a desert. Creole decided to try a new venture—to build a whole new open community, rather than separate little camps for the oil workers themselves. Water has to be piped into Paraguana at the rate of five million gallons daily to make this possible. The pipelines are 72 miles long. The town is situated on the blue Caribbean Sea. There is a nice shopping center and a lovely plaza where there is a beautiful, modern church. Creole contributed the money for the church, but the Bishop of Coro built it. The hospital too, was built by Creole and then leased to us for administration.

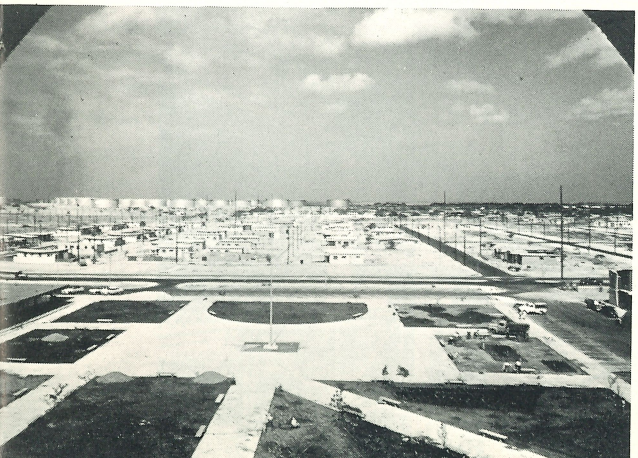
JUNE 15 1959 There are 1800 workers employed in the refinery here. Many have moved into Judibana, away from the old camps, where they lived by themselves. From this refinery you get everything from crude oil to the highest processed products as our high octane jet fuels.

AUGUST 1 1959 Today a dream has come true, one more Holy Family Hospital of the Society came into being. The formal inauguration ceremonies were held for our hospital at 4 p.m. The state governor cut the symbolic ribbon opening the hospital, and our Bishop blessed the hospital from top to bottom.

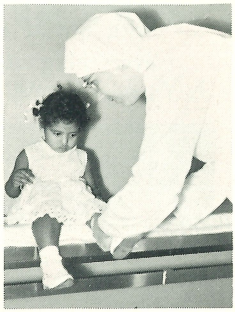
AUGUST 3 1959 Our first patients have arrived; The ward is becoming like a league of nations. I won't say "good bye" but "Hasta Luego" as the people say here.



(Above) Front wall of Holy Family Hospital, Judibana, Venezuela. The wrought iron scene of the Holy Family was designed by Sr. M. Inez, S.C.M.M.



(Left) New town for workers.

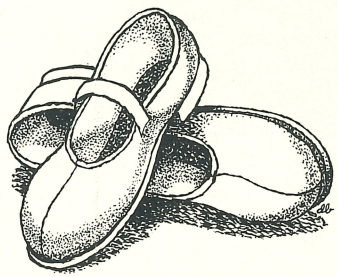


- *Sr. M. Anita, R.N. with one of her first patients at Judibana.*
- *Parish church in the Plaza Bolivar, Judibana, Venezuela.*
- *New homes for oil workers, Judibana, Venezuela.*

Los Zapatos

(THE SHOES)

Sister M. Bernarda, B. S. M. T.



It all started last July when the first group of Sisters left Maracaibo for our vacation house in the mountains. Sitting by the fireside one evening, someone suggested having a "cook-out" for breakfast next morning. After Mass, we found that almost all of us had decided on the same little valley where the river broadened below two mud houses, reached by crossing a narrow bridge.

Shortly, the inevitable group of children's voices were heard. And, sure enough, back on the other side of the river stood an older girl of about ten years of age, who timidly began to hobble a few steps down the embankment. Coming from behind at great speed, was a little fellow of about four years, crawling on all fours, head-long down the hill. It was his giggle that had alerted us, and we were all soon to become *encantada* (enchanted) with Andres' infectious chuckle. Benita, his older sister, shyly stood afar off, while their other brother and sister ran up to us to make the introductions children feel necessary.

After a second visit some days later, whatever bit of shyness towards these *hermanitas* in white that might have existed, completely vanished.

Back in Maracaibo at Coromoto Hospital again, we spoke with Dr. Jose Arreaza about Benita and Andres. Doctor told us that if we brought them down he would be happy to operate on them.

Andres had never walked and unless something were done soon, he would never take a step. Benita had managed to teach herself to hobble on her ankles. Both had severely clubbed feet.

When the last group of Sisters arrived for vacation, Sr. Miriam spoke to the mother about the possibility of taking the children back to the hospital; at the same time, making it clear that it would be a sacrifice, since they surely would not be able to see the children for many months. The mother seemed very grateful but said she would have to talk to their father. We said we would come back in a few days. But next morning, bright and early, on the way home from Mass, as we approached a group of road-maintenance men digging out a landslide, one of them was waving anxiously, and obviously wanted to say something. We stopped. A very humble middle-aged man, who looked older for hard work than actual years, came up to the car. With tears in his eyes, he said he was the father of Andres and Benita and that his wife had told him of our offer to help the children. He said that for years he had been hoping and praying and trying to save a few centimos here and there to be able to get medical attention for them, but had just been able to make ends meet. We made arrangements to pick the children up on our way back.

The great day arrived! The whole family was getting ready for the good-byes, Mother had made Benita a new dress and was just putting the belt on when we came in. Andres was already crawling around in the new khaki pants his mother had made for him too. Sister spoke to the parents getting a little necessary information, as the rest of us started the children towards the car. The good-byes were brief and tears streaked their none-too-clean faces. Papa gave Benita his handkerchief and with one last kiss thrown through the window, we were off.

Well, you can imagine the adventure! They had never before been more than a few miles from home. It was a six-hour drive down the Andes Mountains, across the plains, into the oil camp area, to the Lake. I don't think Andres ever tired of calling out "adios" to every passerby we met. And house after house merited the exclamation, "Que casa tan grande—y tan lindo." (What a grand house, and how pretty.) The oh's and the ah's continued until we reached the Lake, but the ferry—this was too much. It provoked a few minutes silence, short-lived, to be sure. We got out of the car and walked to the edge of the boat. Andres was hanging on my neck for dear life. After a few minutes he released his death grip and began to notice the lights coming on all over Maracaibo across the Lake. By now, Benita was feeling a little homesick and, being older, she was sensitive about the people on the ferry looking at her deformity. Quietly, she asked to go back to the car. But a drive through the city at night soon had her feeling better.

When we arrived at the hospital, the children, due to the extreme change of climate from the cold of the Andes to the heat of Maracaibo, had caught colds, so we gave them a week or so to recuperate, to get used to the hospital, to the nurses, etc.

Then the operations began. Benita had four in all, each time followed by a corrective cast and all of which were very painful. Andres, because he was young, had casts to begin with. But, vixen that he was, he would not sit still

for two minutes and wore himself through each cast put on. Finally he had to be partially immobilized but continued with his winning ways to be the most popular patient in pediatrics.

The day arrived for the first fitting for their new shoes. Some weeks later, they came, and that same night Sister brought the children over to the convent. Benita's dream had come true—the day she would wear shoes for the first time. They were given instructions on how to walk and soon the doctor decided they could go home. Everyone was excited. So much so, that during the trip Andres turned "green" three times. We stopped the car, got him, and us cleaned up, each time not having any peace until the shoes were cleaned up and put back on. Rounding the bend of home, with horn blowing we drove up —but no response. The house was empty. Our hearts fell. With that a neighbor came running down the hill, explained that the family had moved, and got into the car to show us where. Ten minutes later, we pulled up to a somewhat larger house, and this time the family saw us coming. They all ran out to see Andres and Benita. As proud as punch, Benita stepped from the car, gave a quick greeting and walked toward the house. After a thorough look around, she came sauntering back out with a look of approval on her face. Andres, not knowing too well how to run, ran anyway and fell into the arms of his papa. The father was so excited that he grabbed a chicken that was trying to escape the confusion and quickly handed it to us to somehow show his gratitude. We returned the next week to see how the children were getting along. Benita still hadn't taken her shoes off—even for bed!

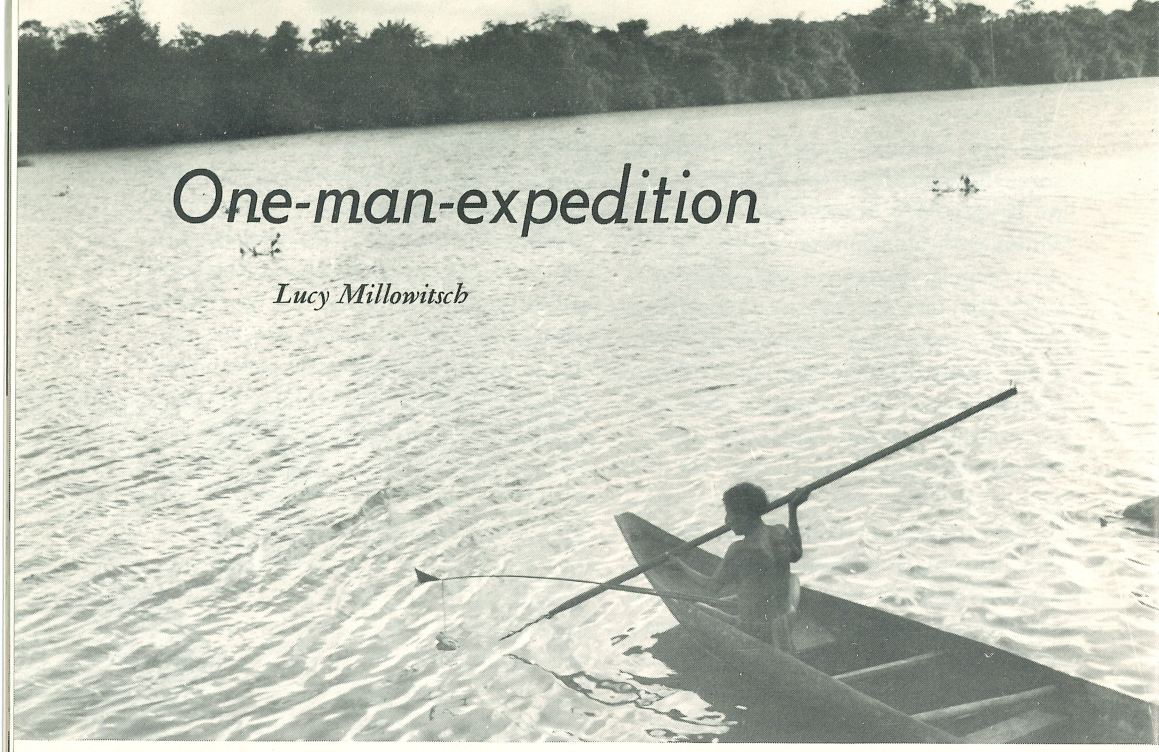
Country boy with a chicken at the market.

YOUR WILL . . .

can help the Medical Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____ for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.



One-man-expedition

Lucy Millowitsch

Lucy Millowitsch, a popular European actress known far beyond the boundaries of Cologne, traveled for almost two years through Venezuela in South America. Her main destination was the territories of the Indians. There are about 105,000 Indians still living in the Orinoco-Delta, in the hill country of Guayana, and in the High-Andes. She was specially interested in those of the Orinoco-Delta. She visited the most remote mission stations and lived for many weeks in the jungle in the settlements of the Guarao-Indians. Here is the illustrated report of her 'one-man-expedition' which she has kindly allowed us to use in *The Medical Missionary Magazine.*

I made my first acquaintance with the Indians of Venezuela on a trip to the Colombian frontier. There in the spurs of the Andes Mountains, along which the luxuriant fertile primeval forest extends, I saw the undisputed kingdom of the Motilone Indians. I could only get to this mysterious kingdom (at the risk of my life) by a motor boat (called Piragua), along the Catumbo River. Closely woven steel screens protected our boat, and, in spite of their being pierced by many hostile arrows, we finally reached our destination. Expeditions have tried in vain to penetrate the Motilone's forests. Drillings for oil have had to be given up completely since the Indians' arrows thinned the ranks of workers.

In this remote frontier district, I found Spanish Capuchin Monks preaching the Gospel. I asked them, "How do

you manage to stay in this dangerous place?" They told me that they only carry on their work with imperturbable trust in God, fighting unsurmountable obstacles at all times—and also the arrows of the Indians. They introduced me to one of the fathers who was critically wounded, — one of the Motilone arrows had wounded him almost fatally, yet he had nothing but excuses for them. They have had such bad experiences with white men in the past.

After a quick short visit there, I decided to go on to the Guaraunos Indians who live in the delta area of the Orinoco—a labyrinth of jungle swamps and rivers. From all sides I received warnings against going. My good advisors warned me, "Do you know what you will meet there? Yellow fever, malaria, poisonous snakes, rats, mosquitoes, jaguars." But I had made up my mind. Besides, I thought God does not only live with the civilized.

In Caracas, after yellow fever vaccination, I received the written permission from the authorities allowing me to go. I did not report that I had no companion. I had the feeling that the permission had been granted to me, because it was assumed that I was preparing an expedition.

On the eve of my departure, I made the acquaintance of a German scientist, a countryman from Cologne, Dr. Johannes Wilbert, who had lived for seven months with the Guaraunos. He smiled when I asked him if I would be able to endure the jungle. "I often have whistled on the last hole," he said beamingly. "Will you last? Try it once!"

He gave me some good advice: not to bathe in the rivers under any circumstances however strong the temptation (the temperature there is about 97

The author is invited for a feast day dinner. The "dragon" is still alive— a pale green leguan.

Sr. M. Jeanne, R.N. with Guajiro Indians at Coromoto Hospital, Maracaibo.

to 104 degrees F. with a relative humidity of 95%), because they are full of Bilharzia, a parasite, which by way of the blood settles in the liver and destroys it. Because of the amoebae, I should not drink water from the rivers, nor should I laugh when I am with the Indians; and when I reached a settlement, I should sit quietly and wait, until the Indians came to me.

Thus equipped, I flew the next morning over endless plains and impenetrable blue-black forests to Tucupita, the capital of the Orinoco-delta. There is no way by land which leads to this small, boiling-hot city, where people often keep jaguars and pumas on chains like dogs. The Venezuelan citizen of this isolated world, tiny city, are extremely hospitable and cordial. I went to the mission Sisters for information and was as kindly received as if I had been a long expected guest. What would have become of my "one-man-expedition," where would I have been, had not the charity of the Capuchin mission surrounded me as a protecting mantle . . ? Young, gay Sisters took me in for two unforgettable, beautiful days. They conduct schools for children. They have a small clinic for the sick. The mission needs a real hospital.

When the medicine man fails. Father is called.

There I met a 74-year-old Capuchin missionary Fray Dario who had just come from a mission in the deep jungle by a lancha, (a motor boat), to get some food and gasoline. With permission of the Bishop of Tucupita, His Excellency, Alvaro de Espinoza, I was allowed to go with Fray Dario to the isolated mission in the jungle and to use the Indian mission settlement as the point of departure for my trips. Fray Dario loaned me a grammar and a dictionary of the Guarao-Indian dialect, which he himself had compiled in the course of many years. The Indians do not understand Spanish at all.

Then the lancha with its Indian pilot Attila, carried me into the mysterious interior of the jungle, towards my unknown adventure . . . The first night I discovered to my horror, that I had forgotten my mosquito net. Mosquitoes and bats tortured me horribly.

Nevertheless I would not give up one hour, which I spent there in deep seclusion. The cares and confusion, as well as the pleasure and comforts of our civilized world, no longer existed. I forgot that my bed was only a hammock, that I drank only rain water, that there was no beauty parlor here. Yes, I even forgot that I was living with Indians . . . Instead a life of joyful readiness for sacrifice and of love opened itself to me in the mission, and a life among the primitive Indians, with their God "Kanobo" and the many evil spirits, whose chief is "Jebu."

Almost all the missionaries suffer severe physical infirmities after years in this hot, damp climate, with insufficient food, poor in vitamins. But I did not find one who complained. Quite the

The author with primitive Venezuelan Indians, in Orinoco Delta. She made friends by wearing their clothes.

contrary. Rarely have I laughed as much and as lightheartedly as in the mission where the Sisters sat together in the evening embroidering or mending clothes. There were always adventures from my trips which I had to report. One time I praised the hospitality of an Indian, who had invited me to stay forever in the settlement, and who assured me he would look for food for me and give me a *Chinchorro* (hammock). Laughingly, the Sisters explained to me that this was the way the Guaraunos proposed marriage! He had two other wives. I would have to be the third. Another time, an old wrinkled half-Indian came along on her canoe to ask Father Quintiliano's blessing and to have an abscess opened. Accompanying the old woman, who owned some property, was a young half-Indian whom I thought to be her grandchild. When I spoke to the Indian woman, I politely called him her 'son.' Whereupon the *Dona* explained to me with the invocation of all the saints, that he was her husband! I excused myself, that I had confused the words, and peace was restored.

Nowhere has time gone faster for me than here where there was nothing but water and jungle and sky and people, who quietly and humbly lived their lives and give their life in the service of charity and with the 'uncivilized' Indians whose favorite song is addressed to joy.

Maremare	The joyjoy
gubanja	does not die
guaraotuma	and the Guaraunos
onanaja	do not weep.
Maremare	The joyjoy
guabakore	if it dies
guaraotuma	the Guaraunos
onate.	will weep.

The farewell was very difficult for me. "God protect you," said the Sisters. "Nari, dijhana naria" ('till we meet again) the Indians were calling across the river for a long time.

INDIA

Floods

The water is finally beginning to go down after the longest flood in Thuruthipuram's history. The flood is an annual event, but usually lasts just a few days a week, at most. It's created by a combination of monsoon rains and the opening of a dam in the hills some place. After the monsoons, the dam can't hold all the water, so they open it and let a few thousand gallons out, which all settles in our area. The water rises two to four feet in a few hours and though that probably doesn't sound like much of a flood it's sufficient to stop the people's work, and when these people stop working they stop eating. This year the water receded and came up again five times in all. I shall never forget the look on the faces of some of the women in the hospital, when the water came up the fifth time. When it came up the second and third time, some of them cried, but after five weeks of flood, there were no tears left; and it is a terrible thing to be beyond tears. We had three children (two from the same family) come in and die the last week of the flood. They came in with starvation diarrhoea and pneumonia, and though we tried everything, we couldn't pull them through. How many died at home? I suppose we'll never know, but those three were enough for me. At night you could hear the children crying because they were hungry and I think I'll hear the pitiful whining as long as I live. I remembered the days back in training, when I had left my Spanish rice or Turkish stew half eaten with the remark, "I'll be sorry for this some day." How sorry I am for every crumb of food I ever wasted, only myself and God will ever know. But God is good, today the sun is shining brightly and everyone is back at work.

Sr. M. Suzanna, R.N.
A. A. J. M. Hospital
Thuruthipuram, Kerala

Christmas Presents

We have about one hundred and fifty servants and all of these have to have presents, so preparations along that line began months ago. Sweaters were knitted, toys made and old clothes repaired and made over. Some of the servants are married and have families so their children had to have gifts. Many of the nurses and servants are orphans who have come to us from Catholic orphanages so we are all the family they have and they are dependent on us for their clothes as well as the other necessities of life.

Sr. M. Bertrand, B.S.N.
Holy Family Hospital,
Kurji, India

AFRICA

Truth and Consequences

It seems to be part of the nature of the Ashanti people to bargain. Everyone seems to do some private selling on the side. This bargaining power comes

out in the strangest ways sometimes. For instance, last pay day, I informed Kwadwo Nsiah (one of the settlement's unique characters) that as I had told him previously, I was keeping five shillings out of his allowance in payment for the beautiful sign painted by Mr. Thornly which he had cut in two with his cutlass during the week. You should have seen him the day it happened. I was working in the office, when Kwadwo Nsiah darkened the door, broken sign in hand. "Sister, I am bad," he said, "I did it." And he proceeded to tell me just exactly how he had taken his cutlass and sliced it neatly in two. Mr. Thornly followed close behind him and verified the story. "But why did you do that?" I asked. "I am bad," was all he would say. Then I told him signs were expensive, and that he would have to pay five shillings for it, because Mr. Thornly's time was very expensive. That was too much money. Then I offered an alternative, he could make another sign. "No!" "Why not?" "I don't like signs." "All right then you must pay for it." With that he walked from the room.

The loss of five shillings still did not appeal to Kwadwo Nsiah on pay day. He greeted the news with, "I do not agree." It was all I could do to restrain a chuckle, but we must be firm. This was one bargain Kwadwo Nsiah would have to lose.

Sister Mary Daniel
Kokofu Leprosarium, Ghana

Future Prospects

A few days after we arrived at Teteman for our vacation, the Chief and his elders and most of the village came to greet us. They called at Father's house first then came up with him. We gave them the easy chairs to sit on in the compound while we sat on chairs on the verandah. After they shook our hands, we shook theirs as is the custom, and we all sat down. One of the English speaking *V.I.P.'s* read out the welcome address and gave us a copy. It said how the Chief on behalf of the people welcomed us to their Catholic village. That he hoped some of their daughters would be trained as Sisters and they would like a dispensary or clinic here too! I noticed that the chief had his headdress encrusted with large square St. Christopher medals.

Sister Camillus gave a short speech thanking them, then the older children who had been in the background came forward one by one with their gifts—rice, onions, tomatoes, palm nuts, pineapple, eggs, and a ram!

Sr. M. Edmund, R.N.
Teteman, Ghana

ROME

Tribute to Our Lady

December 8th was a day of days. On this feast, all Rome pays tribute to *La Madonna Santissima.* In 1854 when the Dogma of the Immaculate Conception was proclaimed, a high pillar was erected near Propaganda Fide College. Atop it

We have seen His

is a lovely statue of Our Lady with her right arm gracefully extended. It is this statue that marks the place of tribute for the feast of the Immaculate Conception.

Early in the morning people in groups and individually begin coming with floral tributes. One of the first units to arrive was the fire department. With their ladders they ascend high up and place streamers of flowers on Our Lady's extended arm. The garlands were all made of white flowers. Then at her feet, a lovely array of colored flowers were laid. Descending, the firemen gave way for others to deposit their tributes. Cardinal Micara was an early arrival — as Vicar General of Rome, he paid his homage for the city, and bearers put at the base of the monument a beautiful floral tribute. Commercial companies came too, combining a mark of their trade in the offering they presented, for example, a milk bottle nestled artistically amidst flowers, a miniature airplane, etc. The police department very cleverly had a traffic signal, all of flowers. Many of the tributes were those of the widow's mite—a single flower, or two, but lovingly and reverently deposited. Boy scouts and cubs and others were on duty. Even some of the infirm came in wheel chairs to present their offering.

The procession of people coming to pay homage continued all morning and afternoon and was climaxed when His Holiness, Pope John XXIII, came in the afternoon. His Holiness, was of course, wearing a white cassock but the red shoulder cape, such as cardinals have, and the red cardinal-type hat.

While it was a thrill to see His Holiness, it was also touching to have witnessed the homage paid by all classes of people at Piazza di Spagna.

Sr. M. Loretto
Rome, Italy

Floral tributes to the Madonna, at the Piazza de Spagna, on the 8th of December.

Star in the East

Dr. Joseph J. Toland, Jr.

"Honor the physician for the need thou has of him for the most High hath created him. For all healing is from God. The skill of the physician shall lift up his head and in the sight of great men, he shall be praised." Ec. 38.

On October 19th, the headlines in the daily paper in Philadelphia and in many Catholic papers throughout the country during the week, called attention to the news that Dr. Joseph J. Toland, Jr., nationally known surgeon and physician and prominent Catholic layman, died at Temple Hospital that day—age 72.

This notice was followed by a partial list of his attainments and enterprises in the medical, civic and religious fields . . . Member of the American Medical Association; Fellow of the International College of Surgeons; an organizer and First Commander of the Frankford Post, 211, American Legion; Navy Surgeon during World War I; retired Commander, USNR; Member of the Gesellschaft der Aerzte, Vienna, Austria; Chief of the Surgical Staff at Nazareth Hospital; Chief of Surgical Staff, Pennsylvania State Hospital; Senior Chief of Surgery, Northeastern Hospital; Member of the House of Delegates, Pennsylvania State Medical Society; Chairman of the Scholarship Fund, Medico Chirurgical College; Organizer of the Men of Malvern; Fourth Degree Knight of Columbus; Founder and past president and organizer of the Men of Medical Missions, etc., etc. A full list of his positions and charities would require pages to recount.

There was one citation among all the others that summed up in a brief but comprehensive way the whole life of this much-beloved physician. It noted that last year Dr. Toland was selected as the Catholic Physician for the year at the midwinter session of the National Federation of the Catholic Physicians' Guilds . . . The citation accompanying the award mentioned that during a long lifetime of devoted service to the faith, Dr. Toland had exemplified to the *fullest* the high ideals of the true Catholic Physician, in both private and professional life . . . How well he deserved this honor has been realized to an even greater extent since his death as the thousands of his patients and friends (they were all friends) have testified, and are still bringing to light.

It has been a privilege and an inspiration to us to have known Dr. Toland. The Medical Mission Sisters owe him very much, in more ways than we can enumerate but most of all we thank him for the example he gave us—that of a true Christian physician and a great friend.

In September, Mother Anna Dengel, M.D. (center) was made an Honorary Fellow of the International College of Surgeons, the first woman to receive the award. (Left) Mother M. Benedict Young, M.D., F.I.C.S., qualified member, presented Mother Anna Dengel. (Right) Dr. Henry W. Meyerding, M.D., F.I.C.S. of Rochester, Minnesota.

R. I. P.

Please pray for our benefactors recently deceased:

Msgr. Joseph G. Cox, Philadelphia, Pa.
Rt. Rev. Joseph F. McGlinchey, D.D., Boston, Mass.
Rev. R. P. Eugene Daoust, C.S.C., Montreal, Canada
Rev. M. Drehmanns, C.S.S.R., Belo Horizonte, Brazil
Rev. James H. McDonald, Burbank, Calif.
Rev. Francis X. Tracey, Philadelphia, Pa.
Rev. Dr. Martin Poels, Rector, Imstenrade, Holland
Brother Ignatius (Patrick) Boyd, C.S.C., Terre Haute, Indiana
Brother Alan (James) McNeil, C.S.C., South Bend, Indiana
Mother M. Angelina, Felician Sisters, Buffalo, N. Y.
Mother Mary Patrick Moloney, Missionary Sister of St. Columban, Maghvramore, Wicklow, Ireland
Mrs. Niles Babbitt, Merion, Pa.
Mr. John Bindrum, Richmond Hill, N. Y.
Mr. James J. Comerfield, N. Y., N. Y.
Mr. James Devane, Chicago, Illinois (Mother of Sr. M. Raphael, S.C.M.M.)
Mrs. Bertha Ernst, Massapequa, L. I., N. Y.
Miss Mary A. Gaynor, Hatfield, Pa.
Mr. John Keenan, Philadelphia, Pa.
Patrick A. McCarthy, M.D., Philadelphia, Pa.
Mr. John P. McDermott, Freeport, L.I., N.Y.
Mrs. Daniel O'Hara, Lansdale, Pa.
Mr. Raymond Paskey, Long Island City, N.Y.
Mrs. Francis G. Sayers, Toledo, Ohio (Mother of Sr. M. Virginia, S.C.M.M.)
Mr. Charles A. Seese, Philadelphia, Pa.
Mr. Max J. Sorenson, Glenolden, Pa.
Joseph J. Toland Jr., M.D., Philadelphia, Pa.
Mr. Robert von Hoene, Rutherford, N. J. (Brother of Sr. M. Muriel, S.C.M.M.)
Mr. William Walsh, Philadelphia, Pa.

Sister M. Fabian, B. A.

THE LOST WORLD OF THE KALAHARI. By Laurens van der Post. William Morrow, 1958, 279 pp. $4.00

"This is the story of a journey in a great wasteland and a search for some pure remnant of the unique and almost vanished First People of my native land, the Bushman of Africa." Thus does Col. Laurens van der Post begin the story of his journey through the Kalahari desert in search of the almost legendary Bushmen, the practically extinct little people, the acknowledged aristocracy of the South African jungle.

The long trek into the Kalahari desert and the much desired contact with a small group of authentic Bushmen brought to fulfillment van der Post's dream.

Written with great love and narrative skill, the book gives an amazing insight into the beauty and fascination of Africa.

A PEARL TO INDIA; THE LIFE OF ROBERTO DE NOBILI. By Vincent Cronin. Dutton, 1959. 297 pp. $4.50.

Among the many great apostles to India, Roberto de Nobili stands out as one of the most original and daring. Arriving in Portuguese India, De Nobili discovered early in his missionary life that the Indians who became Catholic lost all standing in the community. The tendency had been, when converting the people to Catholicism, to convert them into Portuguese as well. One of the first modern advocates of accommodation, De Nobili realized that if the Church was to take root in India it must become Indian in character.

The devotion, zeal, and foresight of De Nobili, combined with his unswerving fealty to Rome and to the Society of Jesus, are deftly portrayed by Vincent Cronin. The man comes alive under his pen, the events and actions are told with interest and attention to detail.

FIVE IDEAS THAT CHANGE THE WORLD. By Barbara Ward. W. W. Norton, 1959. 188 pp. $5.00.

With her usual clarity of approach and freshness of vision, Barbara Ward points up the five themes which she considers of most importance in our modern international living.

She deals with nationalism, industrialism, colonialism, communism, and internationalism. These themes are treated as separate entities and as interrelated factors.

Bringing to her study a wealth of background material in economics and international affairs, Barbara Ward has added another provocative and valuable book to the "must" list for all who are conscious of and concerned over the present international state of affairs.

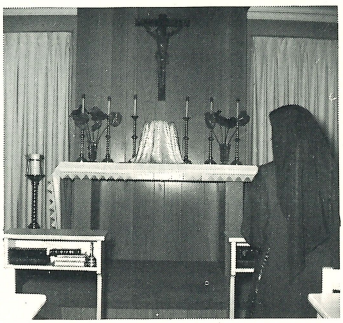
MEDICAL MISSION

A child is born today in a home-made house in some corner of India or Pakistan. We do not know him but he may well figure in our future. Neither do we know the men and women in Ghana or Venezuela who today feel the first symptoms of a disease for which they will eventually need hospitalization, yet in a few years, they may come to us for care. Just now, we are learning, planning, preparing to help that baby, those men and women patients and the millions like them who share their burden of poverty and disease. Today, we are Medical Mission Sister students living at one of our Society's Houses of Study; tomorrow, we are members of the staff of a mission hospital.

We are young Sisters. We have a great deal to learn. We have a challenge to meet. With the exhortations of Pope Pius XII ringing in our ears, it is impossible for us to minimize the importance of our professional preparation for the apostolate.

"Endeavor to become excellent . . . achieve the greatest possible competency in your own field. You must not neglect anything that can make you more capable in your work of conducting hospitals and of coming to the aid of the sick . . . for this work it is not enough that you should be Religious, nay, even perfect Religious; you must acquire the requisite technical knowledge of the latest methods of medical care, the new means that must be employed, the new medicines that must be administered."

Medical Mission Sisters, House of Studies, St. Louis, Mo.



"Show me Thy ways O'Lord and teach me Thy paths."

Sharing of household duties is preparation for future mission service.

TEAM OF TOMORROW

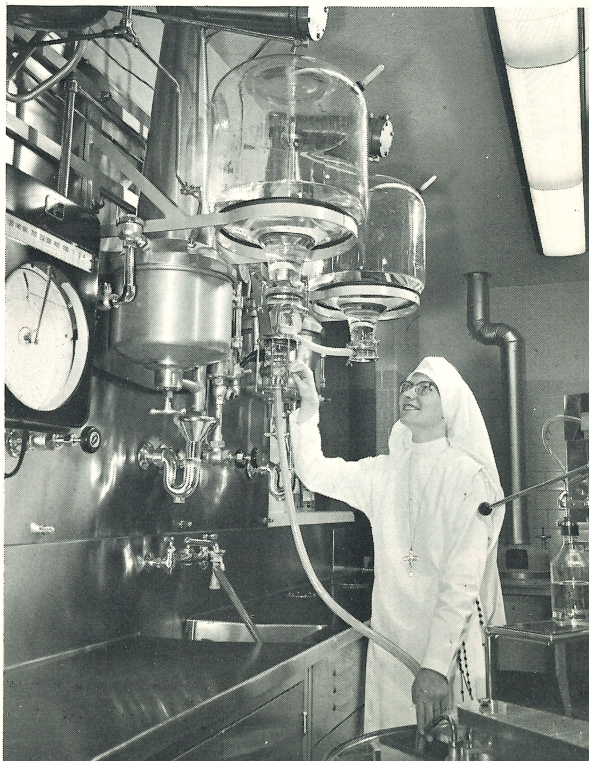
Sister M. Richard, Ph. B.

To make the task of acquiring such knowledge as spiritually and professionally fruitful as possible, our Society maintains several centers in this country and abroad. These centers are called Houses of Study. They serve as residencies for Sisters who are receiving their professional education in schools and hospitals in the surrounding area.

Our House of Studies in St. Louis, Missouri, is typical of such centers. Here, the medical team in-the-making lives together and strives to gain the knowledge and technical skill which will prepare us to take our places in the apostolate. Our education takes years. Any reflection upon the complexity of modern medicine, its rapid pace, the qualifications to be met, the mass of information to be learned, the skills to be mastered, will give some indication of the demands that students must meet. But in a House of Studies, knowledge gained is not confined to the books we study, the classes we attend or the hospital work we do. The leading of our Religious life, our participation in the Mass each morning, our common prayers, the household duties that we share, all these as well as studies, are part of our preparation for future service of the sick in the missions. We have a program that parallels the one followed in the novitiate and it is meant to sharpen the vision of our apostolic vocation and make our spiritual ideals effective through competence gained in our particular field.

The give and take of later life in the missions is initiated at our recreations when student doctors, would-be accountants, the student nurses and pharmacists and dieticians, the hospital administrator of the future, compare notes, swap experiences and report on matters of interest. Together, the family of Sisters at our House of Studies, shares in the struggles of a Sister student during those grey days of first year medical school when memory and anatomy and the smell of formaldehyde form a great part of one's waking hours. We all participate in the anxieties of examination days. We all rejoice with our Sister technician on the first x-ray taken, with our "probie" on the first

Sr. M. Paulette, Pharmacist, making sterile solutions at Glennon Hospital Pharmacy, St. Louis. This isn't Mission equipment!



Sr. M. Genevieve did an internship in Dietitics at St. Mary's Hospital, St. Louis, Mo.

Sr. M. Stella received her B.S. in Nursing from St. Louis University.

They're in the missions now. (l. to r.) Sr. M. Rachel, E. Pakistan; Sr. M. Stella, Venezuela; Sr. M. Paulette, W. Pakistan; Sr. M. Genevieve, Venezuela.

bed bath given and with the Sister resident on the first baby delivered. We tease those who sometimes appear with a tell-tale mark on their face indicating some sleep was taken on top of books. We joke about the awkwardness of beginners, be they hospital housekeepers or pharmacists filling a first prescription. We all help build a "hospital on paper" with the student of hospital administration, look with sympathy at the mountain of facts and figures that a Sister accounting student must scale, and take pride in the accomplishments of the improvising medical technologist cited for her work in a hospital lab.

Those Sisters who are away most of the day on hospital duty or attending classes return to the House of Studies in the evening, and it is then that we recognize the value of a Sister housekeeper's place in our Society. We learn more of this around the dinner table than any words could communicate. And when we watch the Sister assigned to public relations and activities, the one who engineers fund raising affairs to pay for our tuitions, we do not doubt the importance of this Sister's non-medical role in our society.

Life in a House of Studies is an experience in community unity, it gives us appreciation of one another's tasks. We can see for ourselves what it takes to keep a group going on towards a goal of service to the sick in the missions, a goal to be accomplished in a Christ-like way and with the professional competence that the world of today requires. It is only by looking to our future that you can estimate the importance of our present. We are the medical mission team of tomorrow and we need your prayerful support today.

Sister M. Cuthbert, M. A.

ECUMENICAL COUNCIL, Mission prospects brighten with every step towards unity among Christians. It is hard to preach the unity and universality of a Church that appears before the world disunited.

THE NOVEMBER MISSION INTENTION is for a strong Christian life in Madagascar. Formerly a French colony, the large East African island is now the independent Malagache Republic. One fifth of its five million people are Catholic. Catholic leadership now, while the new state is still "under construction," can be a decisive factor in shaping the country's way of life for the future.

THE DECEMBER MISSION INTENTION is that the feast of the Nativity will keep its real meaning in Asia and Africa and lead the people to true knowledge of Christ. We can help realize this in a practical way by keeping Christ in Christmas right here at home. Our Christmas cards and gifts, our wrapping paper, our newspapers and advertisements go to every country of Africa and Asia even those behind the iron curtain.

CHRISTIAN CHALLENGE. Kerala, 25% Christian, smallest, most densely populated, most literate of India's 14 states, SPENT 28 MONTHS UNDER THE COMMUNIST YOKE AND THREW IT OFF AGAIN. Whatever the ultimate outcome, this in itself is a victory, but it also underlines India's burning question, CAN DEMOCRATIC MEANS RAISE THE STANDARD OF LIVING OF THE MASSES and how will Christians contribute?

WHO'S MISSION-MINDED? Chinese Communist literature is being sold in large quantities in Catholic Latin America. It ranges from comic books and popular movies to theoretical works of Marx and Mao-Tse-Tung. Who is reading it if not the Catholics, and why, if not because they have had no chance to learn and understand their own faith?

CATHOLIC AND APOSTOLIC. In the established Church of the West we theorize about every Catholic being a missionary. New Christians and catechumens of South Vietnam do not talk about it—they do it. Five Catholic families came to stay in a hostile village—soon there were 300 converts. A catechumen often makes many converts before being baptized himself.

Missionaries Like Strange Gifts For Christmas

X-ray Gifts

Sister M. Josepha, R.T.x-ray, reports that the x-ray machine at Holy Family Hospital, Rawalpindi, West Pakistan, has given wonderful service these past two years but now it needs some replacements. Please help us get:

1. Aeromax 8 BD x-ray tube $405.00
2. Intensifying screen $30.00
3. Standard Cassette 11 x 14 ..... $22.68

Hospital Gifts

All our Holy Family Hospitals in India (8), Pakistan (4), and Africa (3) would like to ask for the following:

1. 4 x 4 gauze squares 1 bolt of gauze $7.00
2. Layettes for babies
3. Thermometers and syringes — all kinds, sizes and prices.
4. Rubber gloves for the Sister-surgeons..... 1 doz. $5.50
5. 12-inch rolls of adhesive tape ..... 1 roll $4.55

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here is my gift of $..... for .....

in .....

Name .....

Address .....

City ..... Zone..... State.....

The Medical Mission Sisters pray that your Christmas and New Year will be full of the joy of the Lord.

Mrs. Charles R. Hilgartner
802 St. George Road
Baltimore 10, Md.

LOOKING FORWARD

(or "Great expectations")

Sunday walks usually lead to the new Novitiate building. Our Novices and Postulants can hardly wait for the "big move." No Christmas gift could please them more than the completion of their future home. Meanwhile, every bit of progress is noticed with gratitude. There is still lots of finishing and furnishing to be done — and it all takes something we have very little of — money!

To look inside is easy, but to BE inside, we need you!

Dear Sisters:

Here is my gift $_____ towards your new novitiate building.

NAME _____

ADDRESS _____

CITY _____ ZONE ____ STATE _____

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.